

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/478 916
APPLICANT(S)

FILING DATE

1-6-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8	/						58						
9		/					59						
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12	/						62						
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37		/					87						
38	/						88						
39	/						89						
40	/						90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	14						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	40						TOTAL CLAIMS						

REST AVAILABLE COPY

BEST AVAILABLE COPY

CLAIMS ONLY							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
151								
152						51		
153						52		
154						53		
155						54		
156						55		
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189						88		
190						89		
191						90		
192						91		
193						92		
194						93		
195						94		
196						95		
197						96		
198						97		
199						98		
200						99		
201						100		
TOTAL IND.						TOTAL IND.		
TOTAL DEP.						TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS